POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*My*		2/07/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71622	5-12.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date							Claim		Date								Claim		Date							
Final	Original	6/4/02	1/27/02	5/22/03	10/27/03	2/27/04			Final	Original									Final	Original								
	1	✔				✔				51										101								
	2		✔							52										102								
	3	✔			✔	✔				53										103								
	4	✔			✔	✔				54										104								
	5	✔			✔	✔				55										105								
	6	✔								56										106								
	7	✔			O	✔				57										107								
	8	✔				✔				58										108								
	9	✔			✔	✔				59										109								
	10	✔			✔	✔				60										110								
	11	✔			✔	✔				61										111								
	12	✔	✔		✔	✔				62										112								
	13	✔	✔		✔	✔				63										113								
	14				✔	✔				64										114								
	15				✔	✔				65										115								
	16				✔	✔				66										116								
	17				✔	✔				67										117								
	18				✔	✔				68										118								
	19				✔	✔				69										119								
	20				✔	✔				70										120								
	21				✔	✔				71										121								
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	47									97										147								
	48									98										148								
	49									99										149								
	50									100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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